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A Monthly Journal of Medicine and Surgery

EDITOR

F. WAYLAND CAMPBELL, M.A., M.D., D.C.L., L.R.C.P. Lond.

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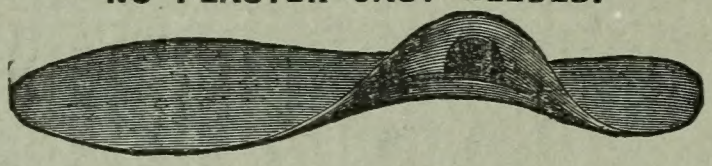

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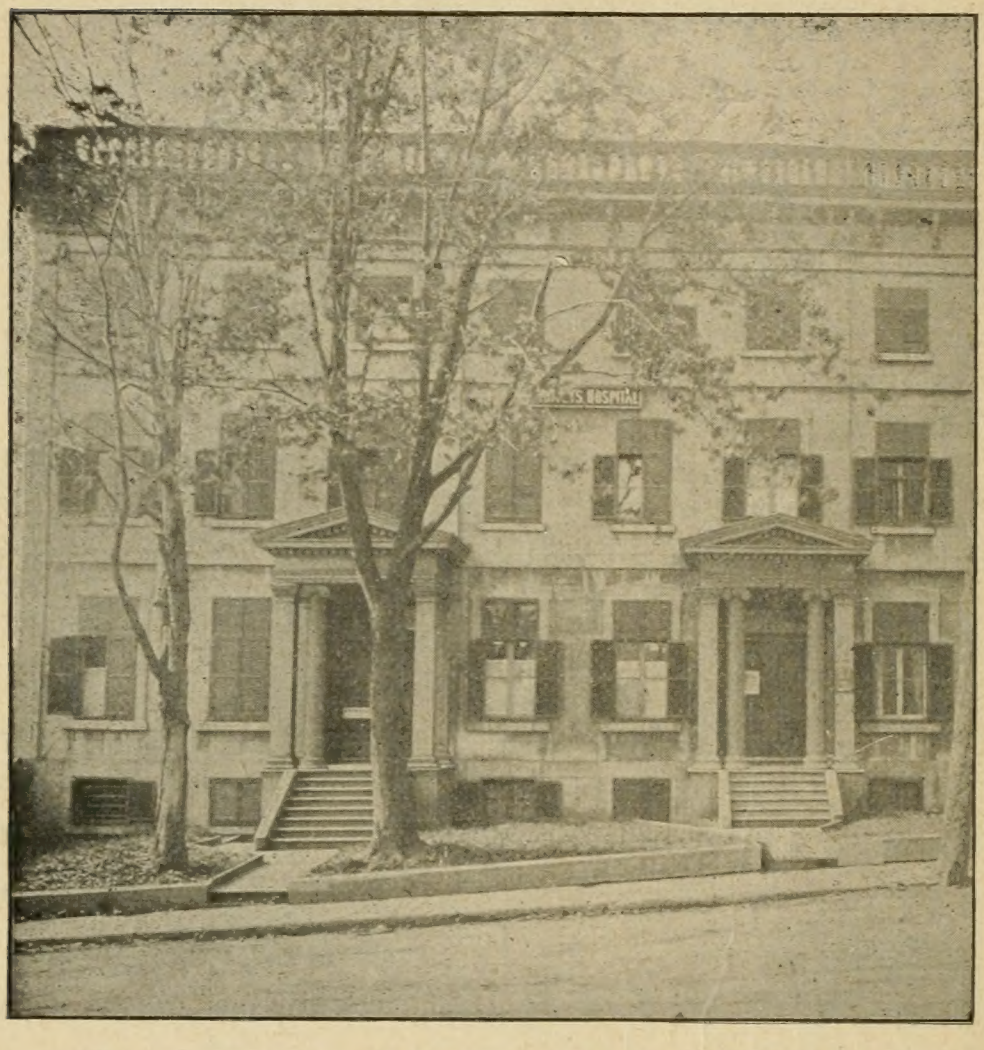

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CANADA
MEDICAL RECORD

SEPTEMBER, 1902.

Original Communications.

CANADIAN MEDICAL ASSOCIATION.

The Thirty-Fifth Annual Meeting of the Canadian Medical Association was held in the City of Montreal on the 16th, 17th and 18th of September, under the presidency of Dr. Francis J. Shepherd.

As an evidence of the great success which attended this meeting, the fact that more physicians registered on the first day than on any other previous first day speaks volumes.

At the Morning General Session of the first day a resolution of regret at the recent death of Professor Virchow, which was at the same time one of appreciation for the great work of this eminent pathologist, was proposed by Professor Adami; seconded by Dr. Gardner, Montreal, and carried unanimously.

The meeting divided into sections, Dr. McPhedran, Toronto, taking the chair at the Medical Session, while Dr. O. M. Jones, Victoria, B. C., looked after the Surgical Section.

MEDICAL SECTION.

The Forenoon of First Day.

LIVING CASE, SPLENIC ANAEMIA.

Dr. H. A. Lafleur, Montreal, presented patient, a man in middle life. There was a tumour, a movable mass, about midway between the lower ribs on the left side and the crest of the ilium, with pulsation, but not expansile, over the tumour. The first blood count, made in March, showed 75 per cent. haemoglobin, the red corpuscles 5,000,000; the

white 6,400. A blood count was made again on the 15th September, 1902; showed 4,000,000 and 5,800, respectively.

The tumour changed according to degree and distension of the stomach. There was absence of mobility.

Dr. Osler referred to the difficulty and the lack of complete mobility in diagnosing this case and of enlarged spleen being often clinically mistaken for something else. This was just one of these cases in which the diagnosis was more surgical than clinical.

SOME FURTHER RESULTS IN THE TREATMENT OF TUBERCULOSIS.

Dr. J. H. Elliott, of the Gravenhurst Sanitorium, contributed this paper:

At a meeting of this Association in Toronto in 1899, a report was made upon 155 cases of pulmonary tuberculosis under sanitorium treatment. This paper is a further contribution covering some 400 additional cases treated during the past three years. The nomenclature used in the classification of discharged patients is that adopted by Trudeau: "Apparently Cured," "Disease Arrested," "Much Improved," "Stationary" and "Failed."

Five years' experience has shown that almost all of the patients discharged "apparently cured" remain perfectly well; of those with "disease arrested" many have progressed to good health at home by following the rules of life learned at the Sanitorium; renewed activity of the disease, when occurring, having been as a rule due to unfavourable surroundings, or the necessity of again taking up unsuitable work.

Not the least important part of the work of a Sanitorium is its educative influence. Each patient who returns home is a teacher of the value and importance of a hygienic life, to those who wish to retain their health as well as those who are not strong.

Experience is demonstrating the immense amount of influence for good which results from a properly equipped and conducted Sanitorium. It is unfortunate that there are not more of them. It is hoped that the attention of our philanthropists will be drawn to the crying need of such institutions, and that ere long we shall have a number of them in the various provinces of Canada.

Dr. Osler congratulated Dr. Elliott on the promising results which he has obtained. Two important points should be kept well in mind: First, early diagnosis, and, second, getting patient as soon as possible under proper professional control.

Dr. T. D. Walker, St. John, N. B., referred to the control the physician in the Sanitorium had over the patient.

Dr. John Ferguson, Toronto, spoke of the positive advances that have been made along the line of the curability of pulmonary tuberculosis.

Dr. McPhedran, Toronto, emphasized training patients how to care for themselves at home. He believes, too, that it is true that the neighbourhoods of sanitaria are always areas where tuberculosis is always diminishing.

PLEURISY AS ASSOCIATED WITH TUBERCULOSIS.

Dr. John Hunter, Toronto, read this paper. He first referred to the manner in which bacilli reached the visceral and parietal pleural through the sub-pleural, bronchial or tracheal lymphatic glands, and from the cervical mediastinal and peritoneal lymphatics; also from the tonsils. In arriving at a diagnosis of pleurisy, a vigilant search should be made for a possible tuberculosis origin. One should not always consider the outlook gloomy, as, with properly carried out treatment, the progress is much more favourable than in pulmonary tuberculosis. In at least two-thirds of tubercular pleurisy it is a curable affection. The rapidity of the filling of the pleural cavity is especially characteristic of tubercular cases.

Dwelling upon treatment during convalescence, deep breathing should be practiced very assiduously, and inflation with rubber bags is a valuable exercise. Then change to a suitable climate should be insisted on if the progress towards recovery be retarded.

CLINICAL NOTES ON BLOOD PRESSURE IN DISEASED CONDITIONS

BY

DR. A. E. ORR, MONTREAL.

A. Gaertner's Tonometer was shown and the manner of its use demonstrated. Four hundred patients at the Royal

Victoria Hospital, Montreal, were experimented on. The normal pressure was found to be 110 to 120. Seventy cases of typhoid fever were recorded in different stages, showing an average blood pressure of 104.5 m.m. It was highest, but still subnormal, in the first week. There was only one death which took place in a man of 35 years, when pressure was 105 on tenth day, 110 on twenty-first day; then three hemorrhages, and on the twenty-fourth day a fatal hemorrhage.

A large proportion of these had cold baths or cold sponging. Nineteen cases of chronic nephritis were recorded. Of this group the highest was 260; average 208.5. Of acute nephritis there were seven cases; only three of these showed high pressure. Of arteriosclerosis, 37 cases were recorded; highest 110, 16 being 150 and over; 4 from 130 to 145; 3 from 110 to 125; 4 subnormal. The highest was in a man of 72; glycosuria, no albumen.

Valvular diseases of heart, 48 cases, including 11 cases of mitral regurgitation. In mitral stenosis, 8 cases were recorded, 6 being normal. Mitral stenosis with mitral regurgitation, 14 cases. Eleven had practically normal tension. Aortic insufficiency, 3 cases. Myocarditis, 4 cases, one man aged 60 having pressure of 80. Hypertrophy and dilatation of heart of unknown causation, 2 cases 120 and 110 respectively. There were 18 cases with acute lobar pneumonia, with an average for the series of 92.7; only one death. Pleurisy, 16 cases. Neurasthenia, 18 cases, thirteen having normal pressure: 3 from 135 to 140; one of 160. In malignant disease, cancer of viscera, there were no high readings. Anaemia 6 cases, all being normal. Addison's disease, both in early stage, both normal. Purpura haemorrhâgica, one case, normal. Puerperal septicaemia, one prolonged case, ending in recovery, had extremely low blood count, 930,000; above normal. One gall bladder case with suppuration, a blood pressure of only 50, ten days before death.

One lead poisoning, 3 of jaundice, one of tubercular meningitis, two of diabetes, two of exophthalmic goitre, 8 of acute articular rheumatism, heart not affected; chronic articular rheumatism, 4 cases, all normal; gonorrhoeal rheu-

matism, 8 cases, 6 normal; rheumatoid arthritis, 16 cases, 6 normal; gout, 4 cases.

There was one case of hemiplegia and 14 of tabes dorsalis, 11 normal pressure; cerebral tumor, 8 cases; general paralysis of insane, one case; Friedreich's Ataxia, one with albumenuria, 140; one acute ascending paralysis, 140; 2 cases tie doloreux, one 130 during the attack. There was one case of epidemic influenza and 36 miscellaneous cases.

In discussing this paper, Dr. Osler considered it to be the best contributed article on the subject.

On the technique of recording the venus pulse, Dr. W. S. Morrow, Montreal, gave a practical demonstration on the blackboard and presented a living subject on this topic.

SURGICAL SECTION.

First Day—Morning Session.

AMPUTATION OF THE UPPER EXTREMITY FOR SARCOMA OF THE SHOULDER JOINT—LIVING CASE

BY

DR. J. ALEX. HUTCHISON, MONTREAL.

The patient, a young woman, presented by Dr. Hutchison, gave a history of previous injury to the shoulder followed by the development of a growth in the head of the humerus, accompanied by intense pain. An X-ray of the parts revealed the presence of a large growth which invaded the point, and involved the scapula. The patient was in an extremely unsatisfactory condition for operation, and presented evidences of marked cardiac disease. The incision extended from the middle of the clavicle in front down over the pectoral regions to the lower part of the axilla, and behind, passed over the scapula down to meet the anterior incision.

After severing the middle of the clavicle, the great vessels were ligated, the brachial nerves divided high up, the muscles divided and the scapula freed from its attachments. There was little hemorrhage, and the wound healed readily. Microscopic examination of the growth showed it to be a mixed spindle, and round, celled myeloid sarcoma.

A FATAL CASE OF SECONDARY HEMORRHAGE FOUR DAYS FOLLOWING THE REMOVAL OF ADENOIDS

BY

DR. PERCY G. GOLDSMITH, BELLEVILLE, ONTARIO.

This paper deals with the case of a child operated on by Dr. Goldsmith for obstructive deafness, due to enlarged faucial tonsils. The operation was not unusual, and the condition of the patient, on the second and third day after the operation, was apparently satisfactory; on the fourth day, however, repeated and alarming attacks of hemorrhage set in, resulting fatally in a few hours. There was no history of hemophilia. The patient was under the care of the family physician at the time of death, and as no post-mortem could be obtained, the cause of the hemorrhage remained unknown.

OCCLUSION OF POSTERIOR NARIS

BY

DR. H. D. HAMILTON, MONTREAL.

The patient was a young man aged 17, who complained of constant discharge from right naris, with complete obstruction of the same side. Duration of the condition, about 12 months.

On examination the patient presented a complete bony partition occluding the right choana.

Family and personal history was negative. Treatment: The bony wall was perforated, and the opening further enlarged by graduated bougies.

ON THE USE OF THE SUBCUTANEOUS INJECTIONS OF PARAFFIN FOR CORRECTING DEFORMITIES OF THE NOSE.

BY

DR. G. GRIMMER, MONTREAL.

Dr. Grimmer spoke briefly of various other deformities which had been corrected in this manner. In the preparation of the paraffin, it is first sterilized by subjecting it to high temperature. It is injected by means of a sterilized syringe. In the case of the nose, the inner canthi of the eyes should be protected from the spreading of the

paraffin, by firm pressure applied to the sides of the nose by an assistant's fingers. After injection the parts are molded by the operator as required.

After treatment: Collodion is to be applied to the needle puncture, and cold compresses, to control oedema of the nose and eyelids.

Some possible dangers from the treatment are, paraffin embolism, and necrosis of the skin over the parts.

Dr. Grimmer exhibited two patients successfully treated in this manner; also two rabbits which had been subjected to similar injections.

THE TELEPHONIC PROPERTIES OF THE INFLAMED ABDOMEN; A SIGN NOT HITHERTO DESCRIBED DUE TO PARALYSIS OF THE BOWEL IN PERITONITIS

BY

DR. GEO. A. PETERS, TORONTO.

In auscultating the abdomen with a view to ascertaining whether there was paralysis of the bowel in cases of appendicitis, typhoid perforations, traumatism, and other conditons which stand in a causative relation to peritonitis, Dr. Peters has observed that where the gurgling sounds due to the passage of gas and liquid in the bowel are absent from paralysis, the heart sounds are invariably very plainly present over the whole abdomen. In intense cases, particularly in children, both inspiratory and expiratory breath sounds may be heard. Dr. Peters' explanation of the phenomena is; unlike the healthy bowel, where the gas is retained in certain well-defined and circumscribed compartments, each constituting a complete retainer in itself, with vital walls possessing a muscular tonicity under nervous control, the paralysed bowel, by reason of its flaccid and atonic condition, permits an entire change in the disposition of the contained gas; the entire distended abdomen becomes practically and accoustically considered, a continuous column of air or gas, of the precise principle of the stethescope. The effect of this is further heightened by the rigid abdominal wall, which acts as a sounding board. The prognostic significance would seem to indicate an unfavourable termination in those cases where the sign is very well marked in cases of septic origin.

A CASE OF FILARIASIS IN MAN CURED BY OPERATION

BY

DR. A. PRIMROSE, TORONTO.

A man from the West Indies suffering from lymph scrotum presented himself for treatment and gave a history of attacks of fever which suggested the presence of filaria. On examination of the blood one found the embryos present in large numbers. The embryo filariae were found in large numbers at night, but disappeared from the blood during the day. An operation was performed and a large portion of the scrotum removed. The excised tissue was carefully examined by teasing it in salt solution, and a parent worm was discovered and removed alive. This proved to be a female, and it was subsequently fixed and mounted in a suitable manner for microscopic examination. Subsequent to the operation the filaria embryos entirely disappeared from the blood, and the inference was that the parent producing the embryos had been removed by operation.

The parent worm was afterwards carefully studied by Dr. J. H. Elliott, M. D., Toronto (late of the Malaria expedition to Nigeria from Liverpool school of Tropical Medicine), and a report of his investigations with drawings of the worm formed a part of the paper as communicated by Dr. Elliott.

GENERAL SESSION.

First Day—Afternoon.

ADDRESS IN SURGERY.—THE CONTRIBUTION OF PATHOLOGY TO SURGERY

BY

DR. JOHN STEWART, HALIFAX, N. S.

Owing to the unavoidable absence of Dr. Stewart, this paper was read by Dr. J. W. Stirling, Montreal. In this able address, Dr. Stewart, in commencing, compared the struggles of the early surgeons for a scientific knowledge of their craft to the daring exploits of the early navigators of the fifteenth and sixteenth centuries. A parallel not

altogether fanciful might be drawn between those pioneers of ocean travel and the early masters of our craft. They worked on two lines, the long, weary, and often fallacious track of Empiricism, and the ample, but often disconnected road constructed by those whose chief aim was, in the words of him who led the vanguard, to "study and search out the secrets of nature."

The first advance came with the Anatomist, Vesalius, "and day dawned with William Harvey, the Columbus of modern medicine," when he instituted the application of experimental methods to biological questions.

Finally came John Hunter, "The Father of Scientific Surgery", of whom Billroth says: "From the time of Hunter to the present, English surgery has had something of grandeur and style about it."

But a great advance came from the study of plant life, and the researches of Schwann and Schleiden paved the way for the cellular pathology of Virchow, the basis of our present system of pathology. "And", said Dr. Stewart, "a shadow falls upon us gathered here, as we realise that the veteran master, the undisputed leader of pathological thought and progress for over fifty years, has fallen, and we unite in the desire to lay our spray of cypress on the tomb of him whom we all considered the greatest German of our time."

While with all these new acquisitions the pathologist went on his way rejoicing, the surgeon still lingered with anxious mind and heavy heart, for the question of questions to him was still unanswered, the healing of wounds was the enigma of surgery.

By the close of the eighteenth century, many scientific workers were satisfied the solution of this problem lay in the existence of pathogenic microbes, but it was reserved for Schonlein to prove in 1839 that Finea was due to the growth of a fungus. Later came Davaine and Chaveau, with their demonstration of the bacillus of anthrax.

And finally came Lister, "and," said Dr. Stewart, "the dark hemisphere rolled in one grand movement from its age—long penumbra into noonday. Surgery, Modern

Surgery, was born. In the chronology of our craft, time is divided into: Before and After Lister."

Lister, like Hunter, united in himself the pathologist and the surgeon, and, like him, worked on the lines of experimental pathology.

PRESIDENT'S ADDRESS.

On the evening of the first day, in the Arts' Museum, Dr. Francis J. Shepherd, of Montreal, delivered the Annual Presidential Address. After welcoming the members, Dr. Shepherd spoke of the Dominion Registration Bill which has been so ably pushed through, in the face of many obstacles, by Dr. T. G. Roddick, and expressed the hope that no one Province would decline to act in accord with the almost universal desire to see the Bill finally made law. After a brief résumé of medical progress the speaker entered a protest against the freedom with which syphilitics are allowed to mingle with the community at large, often causing the innocent to suffer more than the guilty. "It is time," said Dr. Shepherd, "that the profession took this subject up and educated the public to a better knowledge of sanitary laws." Passing on to the subject of modern laboratory teaching, the president said, after referring to the large sums of money that had been spent on the erection and endowment of laboratories for the encouragement of research work, "One danger of this great multiplication of laboratories is that it induces men to pursue original investigation who have not the true scientific spirit, and who are utterly unfit for such work. They frequently collect and publish a mass of useless and undigested material, and therefrom draw inaccurate conclusions. All this will not redound to the credit of medical science; "but" continued Dr. Shepherd, "I do not wish it to be inferred that I am opposed to the addition of modern laboratories to our medical schools; they are all necessary, but they must not supplant other work, quite as important to a man who wishes to become a practicing physician or surgeon. Again, we must remember that the Millenium will not be brought about by laboratories, nor will all scientific problems be solved by them. There is one laboratory

which is not so much frequented now as when I was a student. I refer to the hospital wards. Students, while perhaps more scientific, I say scientific because nowadays every one who spends much of his time in a laboratory learning the use of all kinds of modern apparatus, including our old friend the microscope, is regarded as having a scientific training—I may say that students, while perhaps more scientific (microscopical and mechanical), have not the intimate personal knowledge of disease which continued observation at the bedside gives them, so that, when started in some out-of-the-way place without their scientific machinery, they are like fish out of water. It may soon be that they will not be able to diagnose a fracture without the X-rays, tuberculosis without getting bacilli in the sputum, and so on without end. Students are not taught to observe so accurately the evident symptoms of disease, and, as I say, are becoming mere mechanics who need an armamentarium, which only a great hospital or university can possess, to make an accurate diagnosis of an ordinary disease; the higher and more intellectual means of drawing conclusions by inductive reasoning are almost neglected. Mind you, I do not wish to disparage laboratory teaching—it is essential—but we can have too much of a good thing, and laboratories nowadays take up too much of the student's time in the latter years of his curriculum. The ordinary student should have a good working knowledge of laboratory methods, and this should be obtained chiefly during his first two years, but the refinements if insisted upon will be required at the expense of some more useful and practical information, for the average student can only hold so much knowledge—it is hopeless to attempt to put a quart measure into a pint pot."

Speaking of specialism, Dr. Shepherd held up the ideal of all-round knowledge. He thought all doctors should acquire a good working knowledge of all specialties, but an excess of time should not be devoted to any one. A year or two of hospital work, followed by some experience in general practice, should be managed by any one who wishes to become a broad-minded specialist. Referring

to modern quackery and the inadequate ideas of many superficially educated practitioners, Dr. Shepherd said: "Many of the doctors who write to papers like 'The Alkaline Clinic,' the 'Medical Short-Cut,' and others of such a character, have a most misty idea of their profession, and apparently are ignorant enough to deceive themselves as well as the public. I fancy they practice all the pathies. One man from Texas asks the editor if he had anything that was a 'dead-shot' cure for eczema; another asks what is the 'most up-to-date scientific caper' for goitre, and so on."

At the close of his most interesting address, Dr. Shepherd paid a high tribute to the late Dr. Wyatt G. Johnston, Dr. Wm. S. Muir, of Truro, and Dr. Brunelle, of the Hotel Dieu, Montreal.

Second Day—Forenoon.

A General Meeting of the Association opened with a discussion on Diseases of the Gall Bladder and Bile Ducts. Dr. Alex. MacPhedran, Toronto, introduced the *Medical Diagnosis* in this discussion. He mentioned the fact that the gall ducts are narrower at their entrance to the bowel than in other parts of their lumen, and as they lie nearly horizontally, the outflow of bile is easily retarded or obstructed. The ducts are much exposed to infection from the intestinal tract. Of the cardinal symptoms in these cases Dr. McPhedran considered jaundice the most common, while pain varies, but is generally intense. The attendant fever is generally due to toxic absorption. The main diseases to be considered in differential diagnosis are: catharrhal and suppurative cholangitis and acute yellow atrophy. Most catharrhal conditions are infective, but the chills and fever may occur without pus formation. The most common germ present is the common colon bacillus. In the gangrenous cases the symptoms are often ill defined. A most characteristic sign of gall stones is the recurrence of the attack.

Dr. A. D. Blackader, of Montreal, in discussing the *Treatment* of gall bladder affections, said he would confine himself principally to the catarrhal forms of the disease.

He considers the condition more commonly due to altered secretion of the bile ducts, the altered mucus causing inspissation of the bile. Infection of bile he thought takes place in two ways, through the bile ducts and through the portal circulation. In the matter of treatment he considers that no drugs stimulate the flow of bile to the same extent as the bile salts. The flow is increased by exercise and deep breathing. Diet should be carefully considered, should be simple, and as far as possible should contain a large amount of fat. Such patients should drink plenty of pure or mineral water. The patient should also have due regard to a proper method of dress; no corsets or constricting clothing should be worn.

Surgical Diagnosis was introduced by Dr. James Bell, of Montreal. He said it was common to find early vague signs of gastro-intestinal indigestion, which were often found to be present for a long time before an acute attack was precipitated. He spoke of the colon and typhoid bacilli as common causes of infective conditions.

The subject of *Surgical Treatment* was introduced by Dr. J. F. W. Ross, of Toronto. In commencing his paper Dr. Ross expressed a certain lack of faith in the so-called medical treatment of gall stones. Speaking of some details of gall stone operations, Dr. Ross advocated drainage through Morrison's pouch. He laid great stress on the free use of gauze packing to prevent leakage into the peritoneal cavity. In gangrene and empyema of the gall bladder he does not advise removal of the gall bladder, but prefers opening, flushing and draining. In many cases of cystic enlargement of the gall bladder, however, he advised entire removal of the viscus. It is well to remember, after removal of the gall bladder, that gall stones may form in the liver and may pass out into the intestines. He considers mucous fistulae, which occasionally follow operation, as the most troublesome, and said the evil should as far as possible be prevented by the use of a small drainage tube. He also drew attention to the importance of being sure that the drainage tubes did not become blocked.

The discussion of the surgical treatment was led by Dr. G. E. Armstrong, Montreal, who recognizes and re-

commends the employment of medicinal treatment first in gall stones, etc. He does not advise removal of the gall bladder for stone in the cystic duct. He recommends lavage of the stomach before operating on all gall bladder cases, and, as it is difficult to know what the surgeon may encounter on opening the abdomen, he advises the administration of calcium chloride before and after operation to prevent possible haemorrhage.

Dr. Dudley Allan, of Cleveland, Ohio, next spoke "*On the Importance of Early Operation on the Gall Bladder.*" He considers, in view of the fact that an accurate diagnosis is often impossible, an exploratory incision at least should generally be made early, when, he claims, it is often found that many obscure cases are quite amenable to surgical treatment, and, in fact, would fail to recover if we were to temporize. He recited a number of cases where the diagnosis was uncertain, where he had made an exploratory incision, and had often been gratified with the results.

The subject was further discussed by Sir William Hingston, of Montreal, and Dr. Alex. H. Ferguson, of Chicago.

ON FOREIGN BODIES IN THE VERMIFORM APPENDIX

BY

DR. JAMES BELL, OF MONTREAL.

In this paper the writer expresses his opinion that appendicitis never depends on the presence of foreign bodies in the lumen of the appendix. There is little doubt, however, that when foreign bodies gain entrance accidentally into the appendix, they aggravate an otherwise septic infection. Among the foreign bodies which he has found in the appendix are, in two cases pins, in two cases seeds, in one case wood fibre, in one case gall stones and in another case a fish bone.

Dr. Bell's paper was further discussed by Mr. Irving Cameron, of Toronto.

MEDICAL SECTION.

Second Day—Afternoon.

KERNIG'S SIGN—THE FREQUENCY OF OCCURRENCE, CAUSATION AND CLINICAL SIGNIFICANCE

BY

DR. T. D. RUDOLF, TORONTO.

This paper contained the results of an investigation carried out in the different hospitals of Toronto. A large number of patients of all ages were examined, suffering from diverse troubles, and the angles at the hip and knee accurately measured in over 200 of them. In 162 Kernig's sign was present in 97, that is, in over 60 per cent. It was always absent in perfectly healthy children. Dr. Rudolf considers that a more convenient plan is to extend the knee and then flex the hip as far as possible. Sometimes there is more than the usual degree of stretching of the ham strings possible, and this extra flexion can, by the writer's method, be exactly measured when Kernig's sign could not show it. Out of the 97 cases in which Kernig's sign was present, in 59 an angle of less than 165° at the knee could only be obtained, and of these in 10 cases the angle was 135° or less, showing a very marked degree of the sign. These 59 cases were of all kinds, and only one of them was meningitis. Dr. Rudolf then went on to state that none of the theories of explanation of Kernig's sign were satisfactory as to its occurrence in meningitis.

MULTIPLE SARCOMA—REPORT OF A CASE

BY

DRS. F. N. G. STARR AND J. J. MACKENZIE, OF TORONTO.

Dr. MacKenzie read the notes on the case. No autopsy could be made. The patient was a female 38 years of age, a seamstress. The personal or family history had no bearing on the case. For a number of years before 1901, the patient had a goitre, which, under treatment, almost disappeared in the winter of 1901. In April of this year a lump about the size of a pea was noticed slightly to the left of the middle line of the adbomen near the symphysis

pubis, hard, but painless and subcutaneous. In May two or three appeared in the middle line, an inch above the umbilicus, then two or three were discovered in the back. In June two others appeared to the right of the middle line of the abdomen. In July several additional lumps were discovered in the right breast, in size from a pea to a bean. Loss of weight occurred. In August the liver was noticed to be enlarging. Commenced taking arsenic in September. In October a large tumour appeared in the left breast, and a small one was also noticed in the left thigh. Patient began to suffer from rheumatic pains. In November and December the tumours appeared in enormous numbers over the chest and back, abdomen, thighs, and arms above elbows, neck and over back, sides and top of head. In January, 1902, chains of tumours, bean-sized, were noticed in the cervical region, submaxillary and sub-occipital regions. By March the 8th she had thousands of tumours, most quite hard. Excisions were made and microscopic examination revealed a type of spindle-celled sarcoma, in which the prevailing cell was very long. As regards treatment, the patient took arsenic with no influence on the condition. Thyroid extract produced slight diminution in the size of the tumours. The patient died. Without autopsy one cannot say where the primary seat of the disease was, although from the great involvement of the liver, that might be the source of the disease.

ON SOME POINTS IN CEREBRAL LOCALIZATION. ILLUSTRATED BY A SERIES OF MORBID SPECIMENS AND SOME LIVING CASES.

At an early morning session held at the Royal Victoria Hospital, Dr. James Stewart conducted this clinic.

ON THE ASYLUM, THE HOSPITAL FOR THE INSANE, AND THE STUDY OF PSYCHIATRY.

Dr. Stuart Paton, Baltimore, Md., advocated hospitals or wards in insane asylums, for proper treatment of acute cases. He also pointed out the benefits to be derived from having medical men to form a consulting staff to an asylum.

ANAESTHETIC LEPROSY.

Two very interesting patients, father and son, were presented by Dr. C. N. Valin, Montreal, according to whom they proved to a certainty the contagiousness of this disease. From the way they had progressed under treatment, Dr. Valin considered the cases hopeful.

SURGICAL SECTION.

Second Day—Afternoon.

REPORT OF THREE CASES OF CONGENITAL DISLOCATION OF THE HIP

BY

DR. A. E. GARROW, MONTREAL.

The etiology of this condition is not well established, but heredity seems to play a part. Dr. Garrow speaks of two methods of reduction, (a) bloodless method, (b) through an incision. The chief obstacle to reduction is generally due to fibrous stricture of the lower part of the capsule. Dr. Garrow's experience has been mainly by the open method. This paper was further discussed by Dr. Shepherd, of Montreal.

THE OPERATIVE TREATMENT OF GOITRE WITH A REPORT OF CASES

BY

DR. INGERSOL OLMSTEAD, HAMILTON, ONT.

As the medical treatment of goitre is very unsatisfactory, an operation is recommended in the following conditions:—1st, as soon as a goitre becomes dangerous, that is, when attacks of dyspnoea occur, or inflammatory changes occur, or there is the slightest suspicion of a malignant degeneration. 2nd, all enlarged thyroids having a tendency to grow towards the aperture of the thorax, even if they are moveable. 3rd, goitres that have reached considerable development from the formation of single large colloid nodes. 4th, when with a moderate goitre symptoms like those of Basedow's disease appear, accompanied with an increased development of the goitre. The

operation advised is the one usually performed by Kocher and is done under cocaine anaesthesia. It consists of a transverse symmetrically bowed incision, with its convexity downwards, from the outer surface of one sterno-mastoid muscle to the other, higher or lower according to the position of the goitre. The skin, underlying platysma and fascia of the sterno-hyoid and sterno-thyroid muscles are reflected upwards. The fascia joined the muscles in the median line of the neck is then divided, as well as the outer fibrous capsule of the gland. The half of the gland which is most involved is then shelled out of its capsule, the superior and inferior thyroid arteries tied and the isthmus cut with goitre clamp and ligated. The remaining attachments are then ligated and portion removed. The wound is closed with a subcuticular wire suture without drainage.

Twelve cases operated on during the past year were reported. The average stay in the hospital was seven days. The resulting scar was very slight, and little or no pain was complained of during the operation.

THE PATHOLOGIC PROSTATE AND ITS REMOVAL THROUGH THE PERINEUM

BY

DR. ALEX. H. FERGUSON, CHICAGO, ILLS.

In the opening of its paper, Dr. Ferguson said he proposed to discuss more particularly hypertrophy of the prostate. Some of the microscopic changes in the hypertrophied prostate are, 1st, increased weight—may be up to eight or nine ounces,—2nd, greater size; 3rd, any part or the whole of the gland may be involved. Shape varies very much. Microscopically, Dr. Ferguson found all hypertrophied prostates were benign in character. He also found frequent evidences of inflammatory changes. The effects produced may be stated as, 1st, the prostatic urethra is contracted and elongated; 2nd, the vesical meatus is often rendered patulous and sometimes obliterated; 3rd, the ejectulatory ducts are also often patulous, allowing regurgitation of the semen into the bladder, and they are also often obstructed. The effects of obstruction

on the kidneys and bladder are too well known to require discussion. *Treatment:* Dr. Ferguson's method of removal is by the perineal route. He uses a prostatic depressor introduced into the urethra, then elevated in such a manner as to press the prostate down in the perineum. The fingers of the left hand are passed into the rectum as a guide, and then he makes one bold incision through the perineum down to the prostatic capsule. Dr. Ferguson exhibited some special instruments devised and used by himself in this operation.

THE SURGICAL TREATMENT OF ENLARGED PROSTATE BY DR. G. E. ARMSTRONG, MONTREAL.

Dr. Armstrong exhibited a specially constructed suprapubic vesical speculum, devised by himself, with a lateral opening which allows the prostate alone to come well in view in the speculum. The speculum can be packed around with gauze to protect the parts from possible burning, the offensive lobe or lobes are then cauterized with the thermocautery. Dr. Armstrong reported seven cases successfully operated upon. One point of advantage in this operation lies in the fact that the cauterized surface does not admit of septic absorption. He urges this method in the early stages of prostatic hypertrophy.

The paper by Dr. Ferguson, and also that of Dr. Armstrong, was discussed by Dr. James Bell, Montreal, Sir William Hingston, Montreal, Mr. Irving Cameron, Toronto, and Dr. Elder, Montreal.

At the evening session of the second day the ADDRESS IN MEDICINE was delivered by Dr. William Osler, Baltimore, Maryland.

In opening his splendid address Dr. Osler spoke of the noble ancestry of our profession. The broad foundations of our professional dignity were laid on the Hippocratic oath. The solidarity of the medical confraternity is pre-eminent. Our profession is distinguished from all others by its beneficence—witness: Anaesthesia, Sanitation, *et al.* There is no limit to the science of medicine. The outlook for the profession was never brighter than to-day. Many

of the diseases of our grandfathers are vanishing. Dr. Osler then put forward a strong plea for the unity of the profession. A sense of self-satisfaction is all too common in the medical ranks as in other walks of life. Chauvinism is an enemy to progress. Dr. Osler mentioned four forms of Chauvinism, namely, national provincial, parochial and individual. Nationalism is apt to become a widespread vice; in so far as this concerns the medical profession, however, international medical congresses have done much to dispel this spirit. Dr. Osler strongly advised young men to go abroad for post-graduate study, especially those who aspired to teach. If this were not possible, he strongly recommended the study of foreign medical literature. "It helps a man" said Dr. Osler, "to be a bit of a hero-worshipper." Continuing, he said: "There is a remarkable homogeneity of the profession on this Continent; still, there is no little provincialism among the profession; —witness: the various provincial medical councils in Canada and the various state boards in the United States." He considers it an outrage that a graduate of Ontario cannot practice in Quebec, or a graduate of Quebec in Manitoba. It is democracy run riot; it is provincialism. The solution of the problem rests with the general practitioner. Dr. Osler here paid a high tribute to Dr. Roddick for his indefatigable energy in pushing through the Dominion Medical Bill. Passing on to speak of parochial Chauvinism, Dr. Osler considered we are all tainted with it to some extent. A good method of counteracting this is to encourage professorial interchanges. "Chauvinism in the unit, however, is of much more interest and importance. The consultants do the writing and the talking, and take the fees" said Dr. Osler; "the backbone, however, of the medical profession is the general practitioner. But he should preserve his mental independence and keep up with the times in literature and applicances. Diagnosis, not drugging, is our chief weapon of offence" said Dr. Osler; "lack of systematic personal training in the methods of the recognition of disease leads to the misapplication of remedies, to long courses of treatment, when treatment is useless,

and so directly to that lack of confidence in our methods which is apt to place us in the eyes of the public on a level with empirics and quacks. One should not degenerate into a mere dispenser of quack nostrums like the drug clerk, who has a specific for everything from the pip to the pox. Beware of the huge manufacturing chemical concerns and of the 'drummer' of the drughouse." Passing on Dr. Osler said that "learning alone is not sufficient; culture is the bichloride to keep him from intellectual deterioration, and lastly charity among the profession. To make the Golden Rule our code of ethics, adopt the motto of St. Ambroise:—"If you cannot speak well of your brother, keep silence." The word of action is stronger than the word of speech.

THE X-RAY AS A THERAPEUTIC AGENT
BY
DR. C. R. DICKSON, OF TORONTO.

Dr. Dickson said, the explanation of the rational of the X-Ray is at best as yet but a hypothesis. Fortunately we have a practical proof of its utility as a therapeutic agent in many conditions. Dr. Dickson has used it successfully in the following cases:—Naevus, lupus vulgatis, tubercular joints, scleroderma, subacute articular rheumatism (it relieved pain in many cases), neurasthenia, carcinoma of the stomach (this patient gained weight), and in carcinoma of the rectum, which case is also improving.

Dr. G. P. Girdwood, of Montreal, read a paper on the *X-Rays, Diagnostic and Therapeutic*, and exhibited a number of photographs.

The X-Ray in Cancer was the title of a paper by Dr. A. R. Robinson, of New York. A strong plea is that the X-Ray largely does away with the knife, and leaves little scar. It is probable that all superficial cancers can be removed by the X-Ray if seen early. In a delicate locality, such as the eyelid, the rays should always be used as paste, or the knife will do more harm. When malignant growths have spread deeply, the X-ray may be considered our best treatment.

SURGICAL SECTION.

Third Day—Forenoon.

The first paper was *Remarks on the Sympathetic Ophthalmia*, by Dr. G. Herbert Burnham, Toronto, followed by a paper on the *Ocular Manifestation of Systemic Gonorrhoea*, by Dr. W. Gordon M. Byers, Montreal.

A paper on *Excision of the Caecum* was read by Dr. O. M. Jones, Victoria, B. C. Dr. Jones cited four cases operated on. The first lived two years after. A post-mortem proved that the cancerous growth had not recurred at the point of the original operation. Symptoms in all cases were, griping pains in the abdomen, loss of weight and irregular action of the bowels, together with the presence of a mass in the region of the caecum.

ON THREE CASES OF PERFORATING TYPHOID ULCER SUCCESSFULLY OPERATED ON.

Dr. F. J. Shepherd, Montreal, reported these cases. First, as to technique: Dr. Shepherd has always made use of the lateral incision and has usually found the perforation near the ileo-caecal valve. By this incision the site of the perforation is more easily found than by the median. He has always closed the incision by turning in the bowel and making use of a continuous Lembert suture, employing fine silk. Other ulcerations in the neighbourhood are treated in the same way. Rubber drainage is employed. There is always suppuration in these cases and usually a hernia as a result. General anaesthesia is always used in these cases. Early and rapid operation, seeing that there are no others likely to perforate, are important points. The first case was a woman of 30 with ambulatory form; the second was a woman of 28 admitted on the 8th day. It is of interest in this case that although perforation had taken place there was no leucocytosis. The third was a male, aet. 30, in the third week, seized with severe pain, and one hour after there was obliteration of liver dulness and marked leucocytosis. All are quite well with the exception of hernias.

Dr. Lapthorn Smith, of Montreal, presented a paper on *A Case of Total Extirpation of the Urinary Bladder for Cancer.* General considerations: Evolution of the operation in Europe and America; methods employed; results in 100 reported cases. In the author's case there had been previous removal of fibroid by myomectomy. This was followed by cystitis, which was treated, first by medicine, then by injection and afterwards by drainage by permanent catheter, and then by button-hole operation when the cancer was detected by the finger. Extra-peritoneal removal of bladder and affected part of ureter and pelvic glands. Recovery from operation, but death on the 7th day from exhaustion.

THIRD DAY.

General Morning Session.

Election of Officers: Dr. T. G. Roddick, M. P., Chairman of Nominating Committee, presented the Report of this Committee. London, Ontario, was selected as the next place of meeting.

President: Dr. W. H. Moorhouse, London, Ontario.

Vice-Presidents: Prince Edward Island—James Warburton, Charlottetown; Nova Scotia—John Stewart, Halifax; New Brunswick—W. C. Crokett, Fredericton; Quebec—Dr. Mercier, Montreal; Ontario—W. P. Caven, Toronto; Manitoba—Dr. McConnell, Morden; Northwest Territories—J. D. Lafferty, Calgary; British Columbia—C. J. Fagan, Victoria.

Local Secretaries: Prince Edward Island—C. A. MacPhail, Summerside; Nova Scotia—Dr. Morse, Digby; New Brunswick—J. R. MacIntosh, St. John; Quebec—R. Tait MacKenzie, Montreal ; Ontario—Hadley D. Williams, London; Manitoba—J. T. Lamont, Trehern; Northwest Territories—D. Low, Regina; British Columbia—L. H. MacKechnie.

General Secretary: George Elliott, 129 John Street, Toronto, Ontario.

Treasurer : T. B. Small, Ottawa, Ontario.

Executive Council: Drs. Moore, Eccles and Wishart, London, Ontario.

DOMINION HEALTH BUREAU.

Dr. E. P. Lachapelle, Secretary of the Board of Health of the Province of Quebec, moved the following resolution, seconded by Dr. J. M. Jones, Winnipeg, which was carried unanimously:—

"Whereas, public health, with all that is comprised in the term, sanitary science, has acquired great prominence in all civilized countries, and

"Whereas enormously practical results have been secured to the community at large, by the creation of health departments under Governmental supervision and control, and

"Whereas, greater authority and usefulness are given to health regulations and suggestions when they emanate from an acknowledged Government Department;

"Therefore, be it resolved, that in the opinion of the Canadian Medical Association, now in session, the time is opportune for the Dominion Government to earnestly consider the expendiency of creating a separate department of public health, under one of the existing ministers, so that regulations, suggestions and correspondence on such health matters as fall within the jurisdiction of the Federal Government, may be issued with the authority of a department of public health.

"That copies of this resolution be sent by the General Secretary to the Governor-General in Council and to the Honourable the Minister of Agriculture."

Treasurer's Report: Dr. H. B. Small presented his report. 317 members had been in attendance, nearly 100 larger than any other previous meeting. All outstanding indebtedness had been paid and there was in the treasury $325.00 to the good of the Association.

Votes of thanks were passed to Mr. and Mrs. James Ross, of Montreal, in whose handsome grounds had been tendered a garden party on the afternoon of the first day; to the Local Committee and Transportation Committee, special reference being made to Drs. C. F. Martin and J. Alex. Huchison for their indefatigable efforts for the success of the meeting; to the Treasurer; to the President and the profession generally for their hospitality.

Thus was closed the greatest meeting of the 35 years of the Association, and it is to be hoped that the profession throughout Canada will still further take an active interest in this national organization.

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

THE DIAZO-REACTION AS A METHOD OF DIAGNOSIS IN CLINICAL MEDICINE.

The actual value of a clinical test depends upon its applicability to everyday work. Should it prove to be a method which can be easily employed in routine practice, and if it be granted that the results obtained are reliable, then there can be no doubt that the test has come to stay.

Much has been written of late upon the value of the diazo-reaction as a test for enteric fever, but it still seems that opinions are by no means unanimous as to the worth of the test in the diagnosis of this disease; and it has certainly been proved that the reaction occurs in maladies other than entertic fever, of which disease tuberculosis is the most important. Acting on the above principles, I have examined the urine in 125 cases of all kinds and descriptions for the diazo-reaction. The cases have not been selected in any way, but the process has been applied in the outpatient room and the result noted.

On these 125 cases in which the urine was examined, 5 only gave a positive reaction. In 120 instances no result whatever was obtained. Amongst those patients whose urine gave a negative result were instances of diseases of the lung of various kinds—phthisis, heart disease, gastric ulcer, bronchitis, etc.

The 5 cases were classified as follows: One was a case of acute tonsilitis; another of lobular pneumonia; two were cases of enteric fever in an early stage, and one was suffering from acute tuberculosis. The last patient was

thought at first to have enteric fever, and this from a general consideration of history and symptoms. The occurence of a positive reaction with the color test not unnaturally tended to strongly strengthen this view of nature of the case.

Nevertheless, the event proved that the diagnosis was incorrect. Thus the diazo-reaction broke down just at the very point when it would be of the greatest possible use. The extreme difficulty, even the impossibility, of differentiating typhoid fever from tuberculosis is generally admitted, and it is unfortunate that this test, so promising in many ways, should fail us in making a very important and difficult diagnosis.

Three other cases of enteric fever were carefully tested, but they all gave negative results. These cases were all in a more or less advanced stage of convalescence, which does not, however, render the occurrence of the reaction in any degree unlikely, for many cases are recorded in which the result was positive, months after the attack of enteric fever had been recovered from.

I have also, subsequent to the above observations, made many examinations of the urine of patients suffering from typhoid fever, for the purpose of finding the diazo-reaction. Speaking generally, I have found that at some period of the fever the result was nearly always positive, and this usually at an advanced stage of the malady—that is to say, at the end of the second or early in the third week. Positive results were always most freely obtained when the temperature was high and the symptoms severe; in other words, they were always most obvious in well-marked and anxious cases.

The result of my observations, so far *as regards enteric fever*, is that *the diazo-reaction is of little or no use in a practical sense*. And this because it does not occur at a stage of the malady at which alone difficulties can really arise—the early stage. Further, the liability of a positive reaction to recur in cases of tuberculosis is a most serious drawback, and one which alone would tend to render the test valueless.

As regards the 125 cases, there was not once a positive reaction in the very numerous instances of gout and anemia, and the same applies to diabetes.

It has been stated that in phthisis the reaction shows itself only in those patients in whom the malady is far advanced, and that, therefore, the fact of its occurrence should be regarded as a danger signal.

My experience of the diazo-reaction in phthisis is not large, but I have had the opportunity of applying the test in very advanced cases of the disease. My results do not in any way agree with those which would mark the diazo-reaction either as of usual occurrence in the later phases of the malady or, when it does occur, as being of any special significance. In ordinary cases of this description the result was negative, and when the reaction was positive there was no reason whatever to suppose that the case offered any special feature of gravity beyond that which is usual at the stage at which the affection has arrived.

It is worthy of note, too, in this connection, that the case referred to above of acute tuberculosis, which was at first thought to be one of enteric fever, although showing a well-marked positive reaction, yet some months later was in no worse condition, the disease not having made rapid progress.

My experience, then, of *the diazo-reaction is* that from a strictly practical point of view it is *of very little value.* When the result is positive in enteric fever the malady is so far advanced that there can be no possibility of error as regards the diagnosis. In the very early stage, when alone there may be some little difficulty in determining the nature of the malady, the test usually gives negative results, and even if this is not the case the positive reaction by no means excludes the possibility of the case being one of tuberculosis.

In my judgment, far too much importance is at the present time attached to laboratory tests in clinical medicine. A reversion to the old-fashioned but sound, though laborious, manner of acquiring a knowledge of the symptoms and physical signs of disease is greatly to be wished, for it is by the cultivation of the senses at the bedside and in the dead-house, and in this way only, that a real and satisfactory knowledge of medicine can be obtained.—*Post-Graduate.*—By Dr. Syers *(Brit. Med. Journ.* May 24, 1902.)

A SPECIFIC TEST FOR HUMAN BLOOD.

For many years it has been the dream of medico-legal students that some day human blood could be positively identified. It was not hoped that severe temperatures, age or contamination would be overcome; even the absolute identification of the fresh specimen seemed impossible. Now, the wildest hopes are realized; not only may human blood be identified beyond fear of contradiction, but age, tem-

perature, filth, contamination and menstrual detritus, etc., have no effect on the reaction. Many innocent men have been executed, and many guilty criminals have escaped justice because the medical profession were not equal to the task of absolutely identifying human blood.

DaCosta, in *Clinical Hematology*, quite recently issued by B. Blakiston's Son & Co., of Philadelphia, gives full instructions for the performance of the test of Bordet: "The blood serum of an animal subcutaneously injected with the blood of another animal of a different species rapidly develops the property of agglutinating and dissolving the erythrocytes similar to those injected, but has no effect upon blood derived from any other source. The blood of a rabbit thus anti-serumized against human blood is diluted 100-fold with distilled water or normal salt solution, and 0.5 cubic centimeter employed. When the human blood is added at ordinary room temperature a distinct cloudy precipitate is formed, which is increased in turbidity by exposure to a temperature of 37°C. No change occurs on adding the serum to the blood of other animals; twenty-three specimens having been tested, with the single exception of the monkey, and in this instance the reaction was delayed and incomplete, and in no way comparable to the cloudiness produced by the mixture of human blood with its anti-serum. Old, dried, and even putrefied blood, diluted 1 to 100 with normal salt solution, reacts typically, and characteristically positive results have been obtained with human blood mixed with equal volumes of diluted blood of sheep, oxen, horses and dogs. Specimens were frozen 10°C. below zero for two weeks without in any way affecting the reaction. Blood mixed with menstrual urine, or such contaminating fluids as soapy water, responded promptly and typically."

Such a discovery is particularly gratifying, since neither the laity nor the legal profession could ever appreciate why we could not be ready to identify human blood. The complicated spectral test, which was only employed by experts possessing expensive equipments of instruments, is relegated to medical history. This distinguished and authoritative author has declared the test a specific test any physician may preform it, but we wonder if the general practitioner will get vouchers from the court for expert testimony? We rejoice in the advance of science, but we could hope that the labours of noble medical men might be made more remunerative to themselv es andthe profession.

Let every reader test this reaction and report. It has now the sanction and approval of good authority, but can the country doctor perform the test as we are told he can? We believe firmly in his efficiency, but we want to hear from him after he has tried a few experiments.—*Medical Summary.*

ORAL CLEANLINESS.

Many people, otherwise fastidious, go about with filthy mouths. Those using false teeth are ordinarily the worst offenders, but those whose teeth are good are also common offenders. Every physician knows that a filthy mouth is frequently the cause of foul breath and indigestion. It is regrettable that the "disciple of health" should offend the sick by a foul breath; yet, the breath of many physicians is almost unbearable, especially to ladies. A few physicians use liquor, and many use tobacco, and few cleanse their teeth systematically and regularly. It is "our plain duty" to instill into the mind of the laity the necessity of personally performed oral ablutions after the age of four or five years, but how can we do this with reeking breaths? Every child should be taught to cleanse its mouth after every meal, and before retiring, as soon as able to handle a tooth-brush. Plain soap and water and a good brush are all the essentials, but some of the modern non-poisonous antiseptics are desirable and palatable additions to the oral toilet. A saturated solution of boracic acid is better than none. The physician who tastes beer, wine, whisky or tobacco would do well to disinfect his mouth before visiting patients. The physician who does not scrub his teeth—natural or false—four times daily neglects one of the fundamental principles of hygiene, and is hardly to be styled a "teacher" of the laity on matters of hygiene. As to oral hygiene, those with reasonably good natural teeth may do well to scrub them thoroughly with soap and water, or with salt and water, or with some antiseptic, four times a day. Those having false teeth should scrub the plates and the mouth in like manner, and at such times, and keep the plates in a saturated boracic acid solution every night. Any one doing so may keep natural or false teeth sweet and clean, and free from germs; those who do not, can not. Since it is now known that many infections may be, and are, transmitted by the breath, it is the plain duty of the physician to keep his own mouth clean, and teach his clientèle to do likewise.—*Medical Summary.*

COMPLICATED ANAEMIA.

BY T. J. BIGGS, M. D.

Ruth K———, age 14, American, admitted November 14. Diagnosis: Essential anæmia.

The patient had been sent to me by Dr. B———, who said that, in spite of all treatments employed, his little patient had grown steadily worse, and the parents were well-nigh discouraged. Her condition was associated with menstrual disorders; a year previous she said her disposition seemed to change. She found she was becoming morose and despondent; at times hysterical, and suffering very much from melancholy. Her menstrual order was of the menorrhagic form, her complexion was pallid, waxy, skin puffy without œdema; she was easily fatigued upon the least exertion; the heart was irritable; there was shortness of breath, pulse full, but soft, and at times pulsations in the peripheral veins. There was a disgust for food, imperfect indigestion and occasional attacks of gastralgia. In the right apex there was a suspicious dullness, indicating a possible incipient phthisis. Examination of blood showed a relative decrease in quality and quantity of the hæmoglobin, resulting in the blood being paler than normal. The red corpuscles were lighter in color and showed less tendency to form rouleaux; their character was changed, no being of uniform size, some normal, others small (microcytes), others usually large (macrocytes), others irregularly shaped (poikilocytes). The number of corpuscles to a cubic millimetre was about 2,500,500. The white corpuscles were considerably increased in number. A few granular bodies were present, indicating degeneration of the white corpuscles.

The patient was put to bed, secretions regulated, and a half teaspoonful of bovinine was ordered every hour in peptonized milk.

On November 18th the bovinine was increased to a tablespoonful every two hours.

November 30th, the bovinine was increased to a wineglassful every two hours, given in peptonized milk, alternating with old port wine. The patient at this time showed some improvement, felt stronger, slept better, digestion seemed excellent, bowels regular, and she slept throughout the night quietly.

December 10th, microscopic examination of the blood showed increased quantity and quality of hæmoglobin, and red blood cells 3,000,000 to the cubic millimetre.

December 18th, the patient had gained seven pounds in weight, color good, puffiness of the skin disappeared, and she was taking daily exercise in the open air without suffering fatigue.

December 24, microscopic examination of the blood showed hæmoglobin almost normal, the red blood cells about 4,500,000 to the cubic millimeter, general condition splendid.

On December 26 patient was discharged, cured.

The complete, thorough and rapid cure in this case was undoubtedly due to the blood treatment, for all through her course of treatment, outside of cathartics and some mild heart stimulant, she took absolutely nothing but bovinine. Bovinine acts in anæmia in all its forms by first stimulating the blood cells to a healthy proliferation, and, secondly, by properly and thoroughly supplying perfect nutrition, carries them on to a full and healthy maturity. Iron in all its forms, while at first undoubtedly beneficial, can only go half way, for it simply stimulates the proliferation of the blood cells and supplies only partial nutrition, the result being that in the majority of cases where it is employed alone, many of the newly born cells, for lack of proper nutrition, atrophy, or become granular bodies.

A CURE FOR TONSILLITIS.

Dr. J. A. Henning claims to be able to cure every case of tonsillitis which comes to him before the third day. The patient is confined to a room of uniform temperature, given a mild cathartic and kept on a liquid nutritious diet. Externally a volatile liniment is applied over the tonsils and throat, and the following mixture taken internally:

℞ Tinct. guaiac ammon..... ℥ ss
" aconite ..... gtt. xl
" phytolacca.....gtt. xx
" baptisia..... ℥ ss
Aqua .....q. s. ad. ℥ iv

M. Sig.—Give from fifteen to sixty drops, according to the age, every half hour or hour for six hours, then less often as the patient improves; this course will be continued until the patient is cured.

The medicine must be taken as it is, without any water in it or even afterward; a part of the medicine will remain in the throat and exercise a local influence.—*Chicago Med. Times.*

TO PREVENT PITTING IN SMALLPOX.

Dr. T. C. Gibson, in *American Medicine*, says that the following is the best prescription he has ever tried to prevent pitting in smallpox:

℞. Ichthyol..... ℥ ij
Guaiacol..... ℥ ij
Glycerin..... ℥ ss,
M. Apply locally with a feather three times a day.

The earlier it is commenced, the better the effect. The face should be bathed before each application with lukewarm water and soap.

THE TREATMENT OF EARACHE.

Dr. Geo. L. Richards in a paper read at the last meeting of the American Medical Association, and reported by *Pediatrics*, advocates the use of a glycerole gelatin bougie in the acute earaches of children. Its formula is as follows :

℞. Carbolic acid..... ♏ vij
Fl. ext. opium..... ♏ vj
Cocaine..... gr. iij
Atropine sulph..... gr. iij
Aqua..... ♏ lij
Gelatin..... gr. xviij
Glycerin..... gr. clviij
M. This makes 47 bougies. They should be kept in lycopodium or wrapped in tinfoil. Before using, the bougie should be dipped in water, then it will readily slip into the external ear, and dissolving, set free the anodyne.

ADAMKIEWICZ'S SERUM TREATMENT OF CANCER.

Two recent publications (*Berliner Klinische Wochenschrift*, June 16, 1902) call for renewed interest in cancroin, the serum proposed by Adamkiewicz for the treatment of cancer. Prof. Kugel, of Bukarest, gives the minutest details of an apparently hopeless case cured by the use of this agent.

The patient was a woman fifty-three years old, who some years before had a small mass removed from the left breast. During the next six years recurrences near the cicatrix were extirpated three times, and later the entire breast was removed. Microscopic examination made by both Babes and Albert showed the growth to be one of carcinoma. After this evidences of the progress of the diseases were found below the clavicle, in the cartilage of fourth rib, in the right breast ; there was pain and edema of the left upper extremity, and the usual symptoms appearing in the development of a cancer going towards a fatal issue.

As no relief could have been afforded by operation the cancroin was used. In October, 1900, the first injection was made. Almost immediately after this the edema and pain in the upper extremity decreased, and, after a few injections, entirely disappeared. The patient began to increase in weight, and other features of the case either improved or remained stationary. All this was reported in the *Therapeutische Monatshefte*, August, 1901.

During the past year the improvement in the patient has been still more marked, and the cancerous infiltration has gradually disappeared, so that at the present time only a small red spot indicates the position of the affected portion of the rib cartilage, while the enlarged cervical glands are no longer present.

To this case, so graphically described by Kugel, must be added a number which Adamkiewicz himself describes in the same journal. They comprise a considerable variety, cancer of the tongue, of the larynx, esophagus, stomach and breast.

In all of the cases the use of the cancroin was followed by favourable results, without any untoward signs. What makes the matter more interesting is the quick response of the symptoms to the cancroin injections shown, for instance in the decided reduction of swelling in a cancerous tongue, after the second injection. In the cancer of the esophagus one week's treatment was followed by remarkable improvement. The pains decreased, the dyspnea disappeared, the vomited masses lost their fetid character, the diarrhea was replaced by normal evacuations and stenosis of the esophagus was relieved. Two months after treatment the patient was permitted to go home, improved in all symptoms and able to take food per os. She was gaining weight at the rate of a half kilogram a week.

The evidence presented in these reports are exceedingly encouraging, especially in view of the almost complete absence of any disposition of cancer to improve under the administration of any remedy. Unlike in tuberculosis, hope cannot come to the aid of agent and cause an improvement for a time. Cold facts predominate in the treatment of cancer, and, alas, the progress is always in one direction.

The new agent deserves trial, not because it is a new remedy, but because it is announced with evidence of value in cases which, to say the least, cannot be questioned as to

diagnosis, though some other explanation may be ventured of the improvement coincident with its use.—*St. Louis Medical Review.*

DEODORIZATION OF EXCRETA MOSS MANURE.

The first public mention of the usefulness of moss litter as a deodorizer and absorbent seems to have been made by Dr. Ludwig Happe, in Braunschweig, in December, 1880, since which time its application for the purpose has gradually increased until now, when the system has been introduced into several towns in Germany, and is also practiced in Congleton, Cheshire, England. In Canada this method of deodorizing human refuse had been in use for years at Caledonia Springs. It, of course, at once recalls the dry earth system regarding which great expectations were at one time entertained. The advantages of moss litter over dry earth for the purposes in question are, however, very decided. They consist in the perfect inoffensiveness of the moss litter product, in the fact that one part of moss litter will deodorize and dry at least six parts of mixed excreta, and in the greater agricultural values of the resulting manure. Dry earth (which is required in quantity at least equal to that of the excreta), is valueless from an agricultural point of view; but this is not the case with moss litter, which, as its analyses show, often contains as much nitrogen as ordinary barn-yard manure. Numerous analyses have been made of moss litter manure as produced in Germany, and its average contents rom seven different towns may here be stated:

	Per cent.	Lbs. per ton.		Value per ton.
Nitrogen	0.664	13.28	at 13c.	$1.72
Phosphoric acid	0.350	7.00	5	0.35
Potash	0.285	5.70	5¼	0.30
Water	83.00			
				$2.37.

Numerous trials have been made on various crops with this manure, and very satisfactory results are always reported. In all cases it is stated to excel barn-yard manure even when the latter is used in much greater quantity.

Canada possesses in its bogs and swamps inexhaustible quantities of moss litter which is frequently found in beds, several feet in thickness, lying above the peat.

The manufacture of moss litter has been attempted at Musquash, in New Brunswick, and also in Welland County, Ontario. From the latter locality the writer was supplied

with several bales of the moss litter for experimental purposes, and Dr. Laberge, M. O. H. Montreal, undertook to superintend the carrying out of an experiment to determine its deodorizing and absorbent qualities. He reported that 100 pounds of moss litter were sufficient for drying 800 pounds of ordinary excreta from privy pits in Montreal, and rendering it entirely inoffensive. A sample of the product remained for days in the writer's office without attracting notice, and indeed it was quite devoid of odour. Its analysis gave the following results:—

	Per cent.	Lbs. per ton.		Value per ton.
Nitrogen	1.31	26.2	at 13c.	$3.41
Phosphoric acid	0.90	18.0	at 5	0.90
Potash	0.14	2.8	at 5¼	1.15
Water	63.47			$4.46

The valuation of ordinary fresh barn-yard manure with 75 per cent. of water is about $2 per ton; with 67 per cent water, as in the case of the average given above by Dr. Goessmann, the value is nearly $2.15. Therefore, much better results might be expected agriculturally from a "moss manure' of the composition just described.

These facts are reported in order to show that Canada possesses in her waste lands abundance of material which might be used in our towns and villages for the production of a very valuable manure, with the simultaneous introduction of very many sanitary advantages. It is not to be expected that cities or towns which are advantageously situated for the water carriage system, or which have already adopted it, will make any changes, but there are many towns and villages in the Dominion where the application of the moss litter system would be very suitable, and the authorities of which, by selling the product or giving it gratis to the farmers of the neighbourhood, might confer a great agricultural advantage. —*Bulletin Laboratory Inland Revenue, Canada.*

THE PROPHYLACTIC USE OF DIPHTHERIA ANTITOXIN.

Dr. Sevestre, the well-known French authority upon diphtheria, has recently reviewed the subject of the prophylaxis of diphtheria by preventive injections of antidiphtheria serum. After giving many details, he states that preventive injections of antitoxin produce immunity in children exposed to diphtheria. Serious accidents have never followed the use of well prepared serum, though an eruption or some joint pains may result. But this immunity only lasts three or four

weeks at most. Should diphtheria develop after the injections, it is very mild in character. Preventive injections are especially indicated in a family, school or hospital in which a case of diphtheria has appeared. They are often of value in a ward containing patients with measles or scarlet fever. Large doses, often repeated, are needed in measles. It should not be forgotten that, even though these injections be given, disinfection and isolation are, nevertheless, necessary. The prophylactic use of serum is recommended by the Pediatric Society and the Academy of Medicine of Paris.—(*Bulletin Medical*, March, 1902.)

EFFICACY OF DIPHTHERIA ANTITOXIN.

The use of Prof. Behring's diphtheria serum has resulted, according to statistics just published, in the lowest death-rate ever recorded from diphtheria in Berlin, in 1901. The deaths from diphtheria were then 469. Prior to the introduction of Prof. Behring's serum, the deaths from this disease ranged from 1,300 to 2,600 a year. In all but one of the Berlin hospitals the serum treatment is in use. In these the mortality is from 12 per cent. to 13 per cent., whereas in the one hospital where it is not used the mortality is 64.7 per cent.—*Vermont Health Bulletin.*

DIAGNOSIS AND TREATMENT OF TUBERCULAR CYSTITIS.

J. B. Bissel, New York—As to the characteristic signs:—The most frequent symptom is hematuria. Often the hemorrhage is very slight and with little or no pain; frequently it is not constant. Usually it comes at the end of urination, varying in amount from a couple of drops to a teaspoonful. It is probably the earliest symptom of the disease—so early at times that it may be called a prodromal symptom. The hematuria which comes on later, after the chronic inflammatory conditions are present, indicating the ulcerating stages of the tubercular deposit, is a different hemorrhage. It lasts longer, comes earlier in the act of urination and the pain which accompanies it is often severe.

Pain is a pretty constant symptom. It comes on early, continues through the course of the disease and at times is so severe as to make one think of calculus or of malignant ulceration. Tenesmus is usually present with the pain. Frequency of urination is a pretty constant symptom, coming on early in some cases.

As the disease progresses, these signs—pain, tenesmus, frequency of urination and hemorrhage—increase. Later pus is always found, either scattered through the urine, as in the early stages—or in shreds, or in the large pieces of ulcerated tissue which appears still later. Large quantities of bladder epithelium are usually found with the pus or before it and point to the bladder as the seat of the disease. Before other symptoms, for several weeks or more, repeated evacuations of clear limpid urine may attract the notice of the patient.

The frequent voidance of clear urine without pain and without apparent cause, with a few drops of bright-red blood at the end of urination, or, less often, preceding it, is almost pathognomic of beginning tubercular cystitis.

The reaction of the urine is acid, although toward the end it may become neutral or even ammoniacal.

At times mucus is present in enormous amounts. As the disease goes on, the urine may become fetid and almost green in colour and contain large fragments of detritus, with blood scattered throughout the urine, instead of coming free at the end of urination as at first. This is, of course, during the period of extensive tubercular deposits and ulceration.

The ulceration may be extensive enough to perforate the bladder-wall and occasionally has sloughed through into the rectum. Incontinence may be present, but is only marked after the tubercular process reaches the neck of the bladder and the latter has been extensively involved.

The cystoscope is of great advantage if used carefully.

By it the ulcers can be made out, usually about the ureteral orifices or in the trigone.—*Phila. Med. Jour.*—*St. Louis Medical Review.*

PROSTATIC GONOCOCCAL AUTO-REINFECTIONS OF THE URETHRA.

T. M. Townsend, New York, presents the following summary of his views on this question:—1. Early and vigorous efforts should be made to prevent gonorrheal prostatitis. 2. Once established, all care should be taken to prevent it from becoming follicular and chronic. 3. Auto-reinfections of the urethra from chronic prostatitis can be differentiated from acute infections. 4. An opinion on the probabilities of future recrudescences should be very guarded. 5. Each prostatic message should be immediately followed by thorough

irrigation of both portions of the urethra, to prevent recurrent acute urethritis. 6. Omission of this irrigation is sometimes permissible for diagnostic purposes. The frequency with which prostatic massage may be done is quite variable. Ordinarily, afebrile cases of mixed follicular and parenchymatous types bear daily massage well. After six or eight days, the interval between massages may be lengthened one day until five or seven days are reached. Old follicular prostatites do not seem to tolerate treatment oftener than every third day, increasing the interval with the improvement. In the prostatic treatment, the following ends must be attained:—Evacuation of the infecting focus or foci; effective emptying of other diseased follicles; *restitutio ad integrum* of newly infected areas. The selection of the irrigating fluid depends upon the miscroscopic findings, silver preparations being preferable when gonococci persist; when gonococci disappear, other bacteria remaining, solutions of corrosive sublimate are indicated; where no bacteria are demonstrable, astringents should be used.— *N. Y. Medical Record—St. Louis Medical Review.*

ARROGANCE IN MEDICINE.

The possession of mentality tends to breed arrogance in its owner. The individual is usually unconscious of this, but the effects are equally mischievous. It requires genuine humility, consideration for the rights and needs of others, to keep this arrogance within bounds.

In medical writers and teachers we find this natural tendency makes them ignore the real needs of those who depend upon them for instruction in the everyday cases which engage most of their attention, and the successful handling of which means to them advancement and reputation, in order to discourse exhaustively about some *rara avis*, which a majority of physicians do not see once in a lifetime.

Medical men, who have long since mastered the treatment of minor functional ailments, no longer take an interest in them, and are unwilling to linger over the A B C of practice, but it is precisely here that the medical novice needs special drilling, with all the light that long experience and a masterful mind can shed.

Most of the troubles which bring people to the doctor for help are simple functional troubles—the bad cold, the persistent headache, the acute indigestion, the pelvic pain and dragging, the torpid liver, rheumatism, etc., these are the things they want to be relieved of. And nine times

out of ten, it is the neglect or wrong treatment of these ailments which result in grave organic lesions.

It is very easy to believe that every one knows the fundamentals of his business, particularly if we, ourselves, have acquired the contempt of familiarity, and want to venture into the region of the unknown, to study intricate and complex problems, to speculate, theorize and experiment, leaving those who can follow us to do so if they will, and those who can not to linger by the wayside.

But medical men who elect to become teachers should ever bear in mind that their first duty is to equip those who depend upon them for the knowledge needed in the actual struggle they will have to face as soon as they hang out their own shingles. We should probably have better diagnosticians if medical students were not carefully, if unintentionally, trained to overlook the obvious in a search for some rare and hidden malady.

Let the teacher and the master thoroughly train pupil and subordinate how to deal with simple everyday matters. The mastery of these will lead naturally to the study and comprehension of more difficult problems in the proper time and place.

The teacher who desires to fulfill his obligation to his pupils will not allow himself to feel or show any disdain for the commonplace diseases, but patiently ground his pupils in the *working knowledge* which must constitute the basis of success for each of them.

It requires even finer mental powers to resolve, simplify and elucidate than to tackle hard problems. Moreover, there are few if any diseases about which the final word has been said. Cultivated faculties of observation and discrimination can do their most effective work on familiar ground.—*Medical Brief.*

RULES FOR THE SICK ROOM.

Here are a few rules of the sick room that are worth remembering :—

Never take the temperature in the armpit until you are sure the skin is dry.

Never neglect to chart the temperature as soon as you have taken it.

Never allow a patient to take the temperature himself. Many patients are more knowing than nurses where there is a question of temperature.

Never use anything but a graduated measure for administering doses of medicine, unless ordered to administer the dose in drops.

Never put a hot water bottle next the skin. Its efficiency and the patient's safety are both enhanced by surrounding the bottle with flannel.

Never complain that you cannot get a feeding cup if there is a teapot to be had instead.

Never administer a quantity of food to a patient until you have found out if he can swallow.

Never disregard a patient's intelligent craving for particular articles of diet.

Never use your patient as a thermometer for estimating the temperature of the bath. Although he turns red in hot water and blue in the cold, the record is not exact, and there are other objections of a more or less obvious nature.

Never allow a patient to be wakened out of his first sleep either intentionally or accidentally.

Never imagine that a patient who sleeps during the day will not sleep during the night. The more he sleeps the better he will be able to sleep.

Never hurry or hustle.

Never stand and fidget when a sick person is talking to you. Sit down.

Never sit where your patient cannot see you.

Never require a patient to repeat a message or request Attend at once.

Never judge the condition of your patient from his appearance during the conversation. See how he looks an hour afterward.

Never read a story to children if you can tell it.

Never read fast to a sick person. The way to make a story seem short is to tell it slowly.

Never play the piano to a sick person if you can play on strings or sing.

Never confine a patient to one room if you can obtain the use of two.

Never allow monotony in anything.—*Nursing Section of the Hospital.*

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

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AND

GEORGE FISK, M.D.

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DIAGNOSIS AND TREATMENT OF TUBERCULAR ARTHRITIS.

J. K. Young (*Therapeutic Gazette*, June, 1902) discusses this important subject. There are certain etiological facts connected with tubercular arthritis in whatever joint which are valuable in arriving at a diagnosis. Eighty per cent. of cases occur before adult life. Males are more frequently affected than females. There is undoubtedly often a hereditary tendency. Some of the signs which stand out prominently are spasm, pain, atrophy and night cries. Too little attention is paid to early fixation of a joint by muscular spasm. Sooner or later it is followed by atrophy of the contracted muscles. The pain which accompanies tubercular arthritis is sometimes referred to the peripheral distribution of the nerves. Thus in spine disease the pain is referred to the anterior portion of the body, and in hip disease to the inner side of the knee. The occurrence of night cries is characteristic of the second stage of tuberculous disease. They are significant of the extension of the disease to other portions of the joint, especially ulceration of the cartilage.

Tubercular arthritis must be differentiated from numerous other diseases of joints. The differential diagnosis between arthritis, say of the knee joint, and of synovitis, the disease with which it is most frequently confounded, brings out the points given above.

NON-TUBERCULAR CHRONIC SYNOVITIS.	CHRONIC TUBERCULAR ARTHRITIS.
1. Marked effusion, capsule thickened.	1. No fluctuation, capsule not thickened.
2. Joint outline enlarged and obliterated.	2. Joint outline clear and distinct.
3. Motion nearly normal.	3. Motion limited.
4. Reflex muscular spasm absent.	4. Reflex mascular spasm present.
5. No atrophy.	5. Marked atrophy.
6. Pain absent.	6. Pain acute on motion.
7. Limp absent.	7. Limp present.
8. Night cries absent.	8. Night cries present.
9. Relation of femur and tibia normal.	9. Tibia subluxated.

Tubercular arthritis should be differentiated from specific arthritis. The symptoms just given of non-tubercular

synovitis, together with the history and the effect of constitutional remedies, will make the diagnosis clear. The same symptoms will make the differential diagnosis between articular rheumatism and tubercular arthritis. X-ray photography furnishes an important means of diagnosis. By it we can distinguish the amount of bone destruction present.

Treatment is constitutional, mechanical and local. The constitutional treatment should be as painstakng as the treatment of tuberculous disease in other parts of the body, and along the same lines. The mechanical treatment may be summed up in one word—traction. By whatever means traction is employed it should be thorough and long continued. The local treatment of tubercular joints by means of iodoform injections is very valuable in the smaller joints, but not so valuable in the knee and hips.

The operative treatment should be thorough when it is done at all; and there are two points which should be insisted on in all operations on tuberculous joints: first the preservation of the bodily heat, and second, rapidity of operation. There are few operations in surgery in which the shock is more profound than in excision of the hip.—*The Memphis Medical Monthly.*

Jottings.

A CURE FOR WORTS.

We have found nothing more generally useful than the repeated application of the end of a bit of wood (*e. g.*, a match) moistened with acid nitrate of mercury, care being taken only to touch the top of the wart, and not to let the fluid run to the sound tissue. The wart gradually shrivels and finally falls off.—*New York Med. and Surg. Journal.*

AN ALLEGED CURE FOR DIABETES.

The London correspondent of the New York "Times" cables to his journal that Dr. A. C. Faulds, of Glasgow, has discovered a remedy for diabetes in an infusion of dried eucalyptus leaves. He uses this in preference to the oil of eucalyptus, and says that his experiments were prompted by learning that the remedy was used by the natives of New Zealand. Of forty-six diabetic patients treated with eucalyptus, Dr. Faulds claims to have cured fifteen, or thirty-three per cent.—*Medical Record*

THE

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Editorial.

CANADIAN MEDICAL ASSOCIATION.

The Annual Meeting of this Association, which was held in Montreal, on the 15th, 16th and 17th of September, was by far the most successful in its history. The number of members who registered was much in excess of that of any previous meeting. We, who were present at the inauguration of the Association in 1867, in the city of Quebec, and have attended the majority of meetings since, could not help being struck with the fact that the turning point in its history has at last been reached. Many of those who took an active part in its early history have passed over to the great majority, but not before they had impressed many of their younger brethern with the idea that such an Association must live, and that its growth must keep pace with the growth of confederation. There were times when it seemed almost useless to continue the hard work necessary for its existence, but the work was done, and we believe the present is filled with promises of a bright future. We saw men at this meeting, who have rarely, if ever, been absent; among them Dr. Harrison of Selkirk, Man., and Dr. Sloan, of Blythe, Ontario, and their meeting with fellow workers who have helped to sustain the Association seemed to make them young again. It was a source of regret that Dr. Stewart, of Halifax, was, owing to illness in his family, unable to be present to read his paper, "Surgery." The Address of Dr. Shepherd, the president,

was a masterly production, and made points which we hope will impress many, and lead them to ask whether the ultra scientific courses given at most Medical Schools at present is calculated, as some think, to turn out good general practitioners. Of the Address in Medicine given by Dr. Osler, of the Johns Hopkins Hospital, Baltimore, we can truly say it impressed every one as being a magnificent oration. No better has ever been read before any Medical Association. We Canadians must ever be proud that not only is Dr. Osler a Canadian, but a Canadian graduate (McGill), and that his early scholastic medical life was passed with his Alma Mater and the early years of his practice in the city of Montreal. The attendance being large, the two Sections, Medical and Surgical, into which the Association divided, were scenes of much life. The papers were, on the whole, good; some unsually so. Perhaps those who took part in the discussions were not as numerous as we might have wished, but those who did take part spoke briefly and to the point. A pleasant feature was the fact that some present spoke in the French language and were applauded on sitting down. This limited discussion is a general fault at all Association Meetings, and its cause is somewhat difficult to fully understand. Some ascribe it to diffidence, others to want of practice in speaking before any assemblage. If this latter is the cause, the remedy lies in the formation of local societies and taking part in the debates.

The social part of the meeting was well looked after. A reception in the Art Gallery, a railroad ride, and visit to the Victoria Jubilee Bridge, thence to Lachine, a sail of an hour on Lake St. Louis on the steamer "Duchess of York," during which a splendid luncheon was served, then descending the Lachine Rapids to the city of Montreal. A garden party, given by Mrs. James Ross, the wife of one of our millionaire citizens, was a feature in the social festitives, and was a thoroughly enjoyable event. On Thursday evening, a Smoking Concert, in the Vitoria Rifles Armory, which was largely attended, brought the festivities to a close. A feature of this year's meeting was the special attention paid to the ladies who accompanied the members. A committee of the local doctors' wives and daughters took them in hand. They were entertained to luncheon, and on its conclusion electric

cars were in waiting, which took them around the city and out to the Back River.

In every way then the meeting was a great success, and much credit is due to the committees who had the matter in hand, and who, thanks to the generosity of the Montreal profession, had money and to spare. The next meeting will be in London, Ontario.

THE MEDICAL FACULTY OF BISHOP'S COLLEGE.

The Session of the Medical Faculty of Bishop's College, which opens on the first October, is the first session where the courses will be of nine months' duration; that is, the Primary courses; the Final will continue six months' courses for this and next session. Those only who enter as Freshmen this year come under the nine months' courses. The attendance of students promises to be excellent.

Book Reviews.

A Text-Book of Surgery. By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Translated from the Seventh German Edition by Benjamin P. Pilton, M.D., Instructor in Surgery, Cornell University, and John Rogers, M.D., Instructor in Surgery, Cornell University. Edited by Lewis A. Stimson, M.D., Professor of Surgery, Cornell University. Volume I. The principles of Surgery and Surgical Pathology, with 516 illustrations. New York: D. Appleton & Company, 1901.

This new edition of a well-known and most reliable work on Surgery hardly requires to be more than brought to the notice of our readers, as the book has for a long time been held in high esteem by those most qualified to know; viz., teachers on the subject with which this volume deals. Through an oversight, this book, which is the first volume of the new edition, escaped the reviewer's notice, and we must apologize for the omission, and trust that, like good wine, the subject now dealt with will have improved by the delay of keeping. The volume under description is one of the most complete in every detail, which it has been the reviewer's pleasure to peruse, the text being plain and concise, the print of such a size as not to weary the eye, and, if the remaining volumes keep up to date as they are issued, the complete set will prove a most valuable addition to the library of any medical man desiring to keep abreast of the times in the ever attractive and constantly advancing subject of Surgery.

R. C.

The Practical Medicine Series of Year Books, issued monthly, under the general editorial charge of G. P. Head, M.D., Professor of Laryngology, Chicago; Post-Graduate School, Vol. VIII., Pediatrics and Orthopedic Surgery, edited by W. S. Christopher, M.D., John Ridlon, A.M., M.D., Samuel J. Walker, A.B., M.D., July, 1902. Chicago: The Year Book Publishers, 40 Dearborn street.

The combination of Pediatrics and Orthopedics at first sight might seem a strange combination. It is not so, however, for the bulk of Orthopedic work is done on the young, and really is Surgical Pediatrics. The little volume now before us brings up to date all that is new in these branches.

F. W. C.

Dudley's Gynecology. A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. New (3rd) edition. Enlarged and thoroughly revised. In one very handsome octavo volume of 756 pages with 474 engravings, of which 60 are in colours and 22 coloured plates. Cloth, $5 net. Leather, $6 net. Half morocco, $6.50 net. Lea Bros. & Co., Philadelphia and New York, 1902.

This is a work of which both author and publisher may well be proud. Dr. Dudley has furnished a complete and trustworthy exposition of modern gynecology, than which we could not possibly imagine anything more up to date. The second edition was frequently commended as the best treatise on Gynecology extant, but the present edition is, in many ways, superior to it. It contains nearly one hundred more pages of printing and twenty-five new engravings and fourteen plates. There are two points about this work which seem to us to especially recommend it to the student: First, the new and more rational method of arranging the chapters according to their pathological and etiological sequence rather than in the old way of describing all the diseases of a special organ. The student will have a more rational and more comprehensive idea of metritis, for instance, by associating it closely with vulvo-vaginitis, salpingitis, ovaritis and peritonitis than by regarding it as an independent lesion. In connection with this general plan of grouping the subjects on pathological lines, the author has excluded whatever was not based upon pathology or carefully observed experience. The other point which commends the book so much is that a large number of minor manipulations and most of the major and minor operations have been illustrated with new drawings to show the several procedures as they take place step by step. For example, the consecutive steps in hystero-myomectomy are shown in twelve drawings; salpingectomy, in five drawings; vaginal hysterectomy, in fifteen drawings; ovariotomy, in eight drawings; curettage, in five drawings

After carefully looking over these drawings and plates, we can safely say that no work on gynecology has ever been so beautifully illustrated, while the text seems to have forgotten nothing even down to the most minute detail. The author's large experience as a teacher, as a hospital surgeon and as a distinguished Fellow of the American Gynecological Society has qualified him for the duty of writing a valuable treatise, and he has availed himself of his qualifications to the fullest extent. We will take great pleasure in recommending this text-book to our students in gynecology.

A. L. S.

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I have no use whatever for any form of patented medicine. In the use of crude materials many vexatious things are encountered; if these can be eliminated, much has been accomplished, and an excuse found for the use of protected ethpharmal medicines. So far as my experience goes it is a real advantage to the profession; it enables us to procure in a certain fixed form certain drug effects, and that is what we want. I think pharmacy has reached so high a standard by our best pharmaceutical chemists that the real drug effect is thoroughly brought out. I procured about a month ago an eight ounce vial of Sanmetto. I am perfectly familiar and for years have known the drugs and drug effects of the remedies said to be contained in Sanmetto. The announced composition, freely made known to the profession, has made amends for the name; protected or not as the case may chance to be. I use it for all kinds of irritation of the urinary tract. The sample is exactly what we get in the eight ounce bottle in our drug houses in this place, and I know it, so am willing to order a full size bottle, eight ounces, or any other amount.

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